

226584

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

App'l. for Class E  
Cert.

Jesse C. Brown, dba  
Discount Movers

(Please type or print)

Submitted by: Jesse C. Brown

Address: 118 Willow Winds Drive  
Columbia SC 29210

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2010 - 358 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

Telephone: 803-754-3919Fax: 803-754-3393Other: 803-622-6400

Email: \_\_\_\_\_

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input checked="" type="checkbox"/> Application - Class E Household Goods   | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF  
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: October 27, 2010

- ☒ E (HHG) - Household Goods  
☐ E (HAZ) - Hazardous Material

**IMPORTANT!** If application is to request reinstatement or amend scope of authority, a current annual report must be on file with the Commission **before** application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application  
☐ Amended Scope of Authority

Current Scope:  
(list counties) \_\_\_\_\_

Amended Scope:  
(list counties) \_\_\_\_\_

- ☐ Reinstatement of Authority

My Certificate of Public Convenience and Necessity Number is \_\_\_\_\_ . My certificate was revoked/  
cancelled on \_\_\_\_\_ because \_\_\_\_\_ .

I am seeking reinstatement because \_\_\_\_\_  
\_\_\_\_\_

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Jesse C. Brown dba Discount Movers  
Mailing (5002 Two Notch Rd Cola SC 29204)  
Street Address of Applicant

Mailing Address of Applicant if different from street address

803-754-3919

Phone

754-3393

FAX

\_\_\_\_\_  
Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.

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4. Applicant proposes to operate service as follows: (Check one.)

- ☒ Intrastate Only      ☐ Interstate Only      ☐ Both

5. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

- ☐ Yes      ☒ No

*If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.*

6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☒ Yes      ☐ No

*If yes, list dates and nature of convictions below.*

See ticket

7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes      ☒ No

*If yes, list dates and nature of revocations below.*

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Form S-438  
REV. 10-88

STATE OF SOUTH CAROLINA  
UNIFORM TRAFFIC TICKET

CITY OR COUNTY OF SC VERSUS  
FIRST NAME Jessie LAST NAME Brown  
STREET AND NO. 118 Willow Winds Dr. CITY Cal. bria STATE SC  
STATE LICENSED SC DRIVER LICENSE CLASS D

VEH. LIC. NO. — STATE — MAKE UP VEH. — TRUCK — COMB. —  
HAZ. MAT. — MOPED — OTHER —

YOU ARE SUMMONED TO APPEAR BEFORE THE TRIAL OFFICER  
NAME OF TRIAL OFFICER Judge White STREET AND NO. 650 Knox STATE SC ZIP CODE 29033  
DATE 11/19/09 TIME OF TRIAL 9:00am CITY Cayce VIOLATION SECTION NO. 58-23-40  
VIOLATION - COURT APPEARANCE REQUIRED YES NO —  
OWNER OF VEHICLE Advertising w/o discount movers DATE OF ARREST 10/15/09  
ADDRESS OF OWNER Omni Moving Center DATE OF VIOLATION 10/15/09

5008 Two Notch Rd Columbia SC 29015  
NAME OF ARRESTING OFFICER Patty Vowell RANK INS  
COUNTY Lexington NUMBER 32  
BADGE 3

PRESENT THIS SUMMONS TO THE TRIAL OFFICER SHOWN ABOVE

Be sure you understand from the arresting officer the exact time and before whom you are to appear. IF THIS TICKET IS WRITTEN FOR A TRAFFIC VIOLATION AND YOU FORFEIT BAIL, PLEAD GUILTY OR ARE CONVICTED TENDERE OR ARE CONVICTED AFTER A TRIAL, THIS VIOLATION WILL BE PLACED AGAINST YOUR DRIVING RECORD, OR FORWARDED TO YOUR HOME STATE. THE COMPLY WITH THE FAILURE TO COMPLY WITH THE TERMS OF THIS SUMMONS MAY RESULT IN THE SUSPENSION OF YOUR DRIVERS LICENSE BY YOUR HOME STATE. YOU ARE REQUIRED BY LAW TO APPEAR IN COURT FOR CERTAIN OFFENSES.

DOCKET NO. —  
TIME OF VIOLATION 3:50 PM WEATHER rainy  
DISTANCE IN FEET FROM INTERSECTION OF Oak Terrace Ct. AND Water Oak Trail  
MILES — N — E — S — W —  
HWY. NO. — CITY —  
OFFENSE CODE 94 I.B.A. LEVEL —

SEE IMPORTANT INFORMATION ON THE REVERSE SIDE OF THIS TICKET

VIOLATOR'S COPY Bond req. \$2130.00

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month October Year 2010

### Assets:

Cash	\$ 50,000.00
Receivables	
Real Estate	\$ 667,000.00
Buildings and Equipment (Net)	
Motor Vehicles (Net)	5,000.00
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepays and Other Assets	
<b>Total Assets</b>	<b>\$ 722,000.00</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	\$ 25,000.00
Notes Payable	
Mortgages Payable	\$ 100,000.00
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
<b>Total Liabilities</b>	<b>\$ 125,000.00</b>
Capital Stock	
Retained Earnings	
<b>Total Equity</b>	<b>\$ 597,000.00</b>
<b>Total Liabilities and Equity</b>	

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges for Service are as follows:

\$ 79.00/hour for 2 men + 1 hour traveling time  
\$ 89.00/hour for 3 men + 1 hour traveling time  
\$ 109.00/hour for 4 men + 1 hour traveling time  
No fuel surcharge

## COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)

☐ Hazardous Wastes, as defined in R103-210(2)

Areas to be Served: (List each county in which you plan to operate)

Richland Lexington  
Calhoun

## DESCRIPTION OF EQUIPMENT

[illegible]

\* Number of seats if passenger carrier or tonnage if freight carrier.

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Jesse C. Brown, dba Discount Movers

Name of Motor Carrier

5002 Two Notch Road, Columbia SC 29204

Address of Motor Carrier

Amount of Premium:Limits Quoted: (See Below)

Liability Insurance \$ 2659

Limits 750,000 C&L

Cargo Insurance \$ 126

Limits 750,000

\* Attach Certificate of Insurance if available.

Statewide Insurance Group

Name of Insurance Company

134-B Lady's Island Drive Beaufort SC 29901

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

10/27/10

Date

Xristian Brown

Authorized Insurance Company Representative's Signature

\* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit FWA**

Jesse C. Brown, dba Discount Movers  
Name

U.S.D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes ☒ No

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

SWORN TO BEFORE ME  
This 27 day of October, 2010

[Signature]  
Notary Public

Commission Expires 4/25/15

[Signature]  
Applicant's Signature

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF Lexington

Discount Movers  
Jesse C. Brown  
Applicant's Signature

I, Jesse C. Brown, owner  
Name of Applicant's Representative Title  
of Discount Movers,  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Jesse C. Brown  
Signature of Applicant's Representative

SWORN TO BEFORE ME

This 27 day of October, 20 10

LAB  
Notary Public

Commission Expires 4/25/15